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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604675

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	O ORTHOPAEDIC CENTER,	, M.D., P.A.		· ·	
				<u> </u>	
Principal Plac		Mailing Address			
100 W. GORE ST. FIFTH FLOOR 100 W. GORE ST. FIFTH FI LUCERNE MEDICAL PLAZA LUCERNE MEDICAL PLAZA		OOR			
ORLANDO FL 32806 ORLANDO FL 32806			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed	
				09/17/1973	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1486941	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8,75 Additional Fee Required
City & Stat	to .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	Intangible
24	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
MOE	PRIDE O OBARY		81 (Marile)	shen R. Goll	!
MCBRIDE, G GRADY 475 LAKEWOOD DR				dress (B.O. Box Mumber is Not Acceptable)	
FIFTH FLOOR, LUCERNE MED. PLAZA			83	PINETREE NOAD	
	TER PARK FL 32789	-			
	1		84 2/V) N	ter Park , F	L A 32789
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	e the shove-named con	poration submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State	of Florida. Such change was au	ithorized by the corporation	tion's board of directors. I hereby accept the app	bintment as registered
	////	11 1110 VO			$\langle \zeta \rangle Q$
SIGNATURE			STEPHEN R. O	GOLL 1/20/	I' I
	Signature, typed or printed fame of registered agen	nt and title if applicable. (NOTE:	STEPHEN R. (red when reinstating) DATE	
12	Signature, you or printed ame of registered agen OFFICERS AN	D DIRECTORS	Registered Agent signature require		
12.	Signature, to storp integrated after of registered after OFFICERS AN		13. 1.1 TITLE	red when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
	Signature, post or pointed fame of registered agen OFFICERS AN S ROSEN, JEFFREY P	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE	
TITLE	Signature, post or printed fame of registered agen OFFICERS AN S ROSEN, JEFFREY P 1684 INDIAN DANCE COURT	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	
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 WINTER PARK FL

14. I hereby certify that the information supplied with this filips does indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trustee in Block 12 or Block 13 if changed, or on an attachment with a page. qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in resa, with all other like empowered. REQUIRED

6.4 CITY-ST-ZIP

SIGNATURE: _

SIGN